

Tennis Camps 2006

(AGES 7-15)

CHILD'SNAME:			
DATE OF BIRTH: AGE:_	(as of 08/15/06 Camp II)		
ADDRESS:	РНС	JNE #:	
CITY:	STATE:	ZIP:	
PARENT/GUARDIAN'S NAME:	PHONE:	PHONE:	
EMERGENCY CONTACT (Not Parent):	Pł	PHONE:	
ATTENTION: Does your child have any med NO YES If yes, please explain:	·		
T-SHIRT SIZE: YOUTH: D M D L ADULT: D S	□ M □ L □ XL □ 2XL		
Parent or Guardian	Date		
June 19 th -July 7 th Camps:	July 17 th - Aı	agust 4 th Camps:	
☐ IA. 8:00a.m 8:50 a.m. 1680.405		:00a.m- 8:50 a.m. 1680.426	
☐ IB. 9:00a.m 9:50 a.m. 1680.40	09 □ IIB. 9	:00a.m 9:50 a.m. 1680.427	
☐ IC. 10:00a.m - 10:50 a.m. 1680.42	25 □ IIC. 1	0:00a.m10:50 a.m. 1680.428	
Begins M Deadline	TION FEE: \$35 CITY/\$5 Iarch 28 for City Residents, April 4th for es: June 8 th for Camp I and June 29 th for Age Determination Date: 07/15/06 Camp I 08/15/06 Camp I	Non-City Camp II I	
BIRTH C	CERTIFICATE REQUIRED AT REGIST	RATION	
OFFICE USE ONLY:	RECEIVED: \$ RECEIPT	#.	
	BY: New BC List STAFF I		
FEF WAIVER?			